

[illegible]

Subst. for form 1449/PTO <b>SUPPLEMENTAL          INFORMATION DISCLOSURE STATEMENT BY          APPLICANT</b> <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	<b>10/588,098</b>
				371 Filing Date	<b>2006-12-18</b>
				First Named Inventor	<b>W. Dennis Slafer</b>
				Art Unit	
				Examiner Name	
Sheet	2	Of	3	Docket Number	<b>059380-0050 (MCMK-004)</b>
<b>OTHER ART (Including Author, Title, Date, Pertinent Pages, Etc.)</b>					
EXAMINER'S INITIALS	CITE NO.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			
		Supplementary European Search Report for related EP Application No.: EP 05 71 1734, 2 PP			
EXAMINER			DATE CONSIDERED		

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 1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.